

FILED MAR 16 1950

STANDARD CERTIFICATE OF DEATH

State File No. 7895

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 5168		Registrar's No. 77			
1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Mc Credie		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Mc Credie		0140			
d. FULL NAME OF HOSPITAL OR INSTITUTION 7 miles northwest Fulton				d. STREET ADDRESS (If rural, give location) 7 miles Northwest of Fulton, Mo.					
3. NAME OF DECEASED (Type or Print) Beulah		a. (First)		b. (Middle) Smith		c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) March 6, 1950		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH January 29, 1888		9. AGE (in years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Missouri			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry Clay Bartley		13b. MOTHER'S MAIDEN NAME Eliza Smart		14. NAME OF HUSBAND OR WIFE I. J. Smith			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS I. J. Smith, Mc Credie, Missouri					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from March 9, 1950, that I last saw the deceased alive on March 9, 1950, and that death occurred at 3:45 P.M., from the causes and on the date stated above.									
23a. SIGNATURE D. Lawrence		(Degree or title) M.D.		23b. ADDRESS Fulton, Mo.		23c. DATE SIGNED 3/8/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 9, 1950		24c. NAME OF CEMETERY OR CREMATORY Richland Christian		24d. LOCATION (City, town, or county) (State) Callaway Mo.			
DATE REC'D BY LOCAL REG. Mar-11-1950		REGISTRAR'S SIGNATURE Martha Lawrence		426		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Maurice Funeral Home, Fulton, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

District File Number.....

District Health Officer No. 9,

RECEIVED MAR 13 1950

SEP 2 2 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.